

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>10/22/04</u>		2 Serial/Patent # <u>09 989,092</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	/	9/2/04	\$ 400.00							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 400.00							
10 REASON:		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/>	Overpayment	Treasury Check									
	Duplicate Payment	Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">3</td> <td style="width: 20px;">0</td> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> </tr> </table>			2	3	--	3	0	5	0
2	3	--	3	0	5	0					
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Patricia Faison Ball</u>		TITLE: <u>Attorney</u>									
SIGNATURE: <u>Patricia Faison-Ball</u>		PHONE: <u>2-3212</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Gilman Kille</u>		DATE: <u>11/17/04</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: